



**OFFICE OF THE EXECUTIVE INSPECTOR GENERAL
FOR THE OFFICE OF THE ILLINOIS ATTORNEY GENERAL**

**Revolving Door Non-State Employment Notification Form
State Employee or Former State Employee**

General Instructions

The Executive Inspector General for the Office of the Attorney General ("EIG") will determine whether an employee of the Office of the Attorney General ("OAG") or a former OAG employee is prohibited from accepting a non-State employment offer under the restrictions of the Ethics Act within ten (10) calendar days from the receipt of **all** necessary information and documentation required in this notification form (including required signatures of the Division Head/Bureau Chief and the Ethics Officer). An individual's notification to the EIG is not considered complete until all required information has been provided to the Office of the Executive Inspector General ("OEIG"). You will receive an email acknowledgement once your completed notification is received at the OEIG. A determination will then be made within ten (10) calendar days and you, the Attorney General and the Executive Ethics Commission ("EEC") will be notified in writing of the determination. You or the Attorney General may appeal the decision, within ten days, to the EEC. Failure to provide all required information may result in a determination that the individual is restricted from accepting the employment offer.

All fully completed forms, statements, signatures and attachments must be either hand-delivered, mailed, faxed or emailed to:

Cynthia Panella
Office of the Executive Inspector General
for the Office of the Attorney General
Attn: Revolving Door Determinations
100 West Randolph Street, 12th Floor
Chicago, Illinois 60601
Email Address: cpanella@atg.state.il.us
Fax: (312) 814-8444

If you have any questions or require assistance to complete this form please contact:

Diane Saltoun:	dsaltoun@atg.state.il.us
Patricia McConnell:	pmcconnell@atg.state.il.us
Cynthia Panella:	cpanella@atg.state.il.us
Michael Luke:	mluke@atg.state.il.us
Melissa Mahoney:	mmahoney@atg.state.il.us

Please print or type:

I. PERSONAL INFORMATION

a) Your full name: _____

b) Mailing address:

c) Best phone number(s) for contact during the day:

d) State e-mail address (if applicable): _____

e) Personal e-mail address: _____

II. STATE EMPLOYMENT INFORMATION

a) Are you a (check one):

____ current State employee ____ former State employee

If you are a former employee, please provide the date you terminated State
employment: _____

b) Please indicate if you are notifying the OEIG of a non-State employment offer because,
relative to the entity that has offered you non-State employment, or its parent or
subsidiary, you participated in (check one):

____ the issuance of State contracts or State contract change orders

____ a regulatory or licensing decision

____ did not participate in either of the above, but required to notify the OEIG

- c) List all the positions you have held at the Office of the Attorney General for the past 12 months, including your job title, the name of the division or bureau, **and the dates you held the position:**

- d) List the responsibilities (e.g., job description) for each Office of the Attorney General job title listed above:

- e) Provide the name and office telephone number of all current or former Office of the Attorney General supervisors within the past 12 months:

- f) End date or anticipated end date of State employment: _____

III. PROSPECTIVE EMPLOYER INFORMATION

a) Name of prospective employer:

b) Address, name of contact person and telephone number for prospective employer:

c) Position you are being offered:

d) Describe the responsibilities of the job you are being offered:

e) Has the prospective employer entered into any contracts with the Office of the Attorney General within the past 12 months? (You must verify this information with the prospective employer):

f) Has the Office of the Attorney General made any regulatory or licensing decisions with regard to the prospective employer in the last 12 months? (You must verify this information with the prospective employer):

g) Name and phone number of individual at prospective place of employment, who verified the information in question (e) and (f) above:

- h) If the prospective employer entered into contracts with the Office of the Attorney General within the past 12 months, please provide the name and phone number of the individual(s) they were in contact with at the Office of the Attorney General:

- i) If a regulatory or licensing decision(s) was made regarding the prospective employer, please provide the names and phone numbers of the individuals that were involved in this decision(s) at the Office of the Attorney General:

IV. INFORMATION REGARDING PARTICIPATION BY THE STATE EMPLOYEE IN THE AWARD OF STATE CONTRACTS, ISSUANCE OF STATE CONTRACT CHANGE ORDERS, OR REGULATORY OR LICENSING DECISIONS

- a) As part of your responsibilities at the Office of the Attorney General, did you have any dealings or interactions with your prospective employer? (If the answer is yes, please answer questions (b),(c) and (d)):

- b) Provide detailed information regarding the nature of these dealings, including whether you were involved in contracting, regulatory or licensing decisions with the prospective employer. Please provide the names and phone numbers of the employees of the prospective employer you had these dealings with:

- c) If you participated in the award of a State contract(s) or issuance of State contract change orders with your prospective employer, please describe the contracts and change orders, including the monetary value of the contract(s) and a detailed description of your personal involvement in each:

- d) If you participated in any regulatory or licensing decisions affecting your prospective employer please describe your personal involvement in those dealings:

V. EMPLOYEE CERTIFICATION

I (print full name) _____, certify and solemnly affirm that all the information provided in the attached Revolving Door Offer Notification is true, accurate, complete, to the best of my ability, and reflects the full extent of my participation in the award of any State contracts or the issuance of State contract change orders or regulatory or licensing decisions applicable to (print name of prospective employer)

or its parent or subsidiary during the preceding year or during the year preceding termination of my State employment. I understand that should it be determined that the information provided by me, by means of my written notification to the Office of the Executive Inspector General for the Office of the Attorney General and/or provided by me during a related interview conducted by the OEIG is not true, accurate, and complete, to the best of my ability, I may be found to be in violation of the State Officials and Employees Ethics Act (5 ILCS 430/5-45) and/or other applicable laws.

Signature of Employee

Full Name (please print or type)

Date

VI. STATEMENT OF DIVISION HEAD OR BUREAU CHIEF

- a) Please review Sections II and IV of this form. If necessary, please provide any additional information you may have pertaining to the questions in these sections:

- b) Please state whether you, as the employee's supervisor, believe that the current or former state employee should be barred from accepting the employment or compensation offer.

YES _____ NO _____

- c) If you answered "yes" to question (b) above, please provide an explanation of any conflicts of interests or other issues which are of concern to you:

CERTIFICATION

I have reviewed the above information and have informed myself with regard to these matters. I certify, to the best of my ability, that the information in Sections II, IV and VI of this form are accurate. If necessary, I have provided information to make the responses more complete.

Signature of Division Head or Bureau Chief

Full Name (please print or type)

Date

VII. STATEMENT OF ETHICS OFFICER

- a) Please review Sections III and IV of this form. If necessary, please provide any additional information you may have pertaining to the questions in these sections:

- b) Please state whether you, as the Ethics Officer for the Office of the Attorney General, believe that the current or former State employee should be barred from accepting the employment or compensation offer.

YES _____ NO _____

- c) If you answered "yes" to question (b) above, please provide an explanation of any conflicts of interests or other issues which are of concern to you:

- d) Has the prospective employer entered into contracts or change orders with the Office of the Attorney General in the past 12 months?

- e) If you answered "yes" to question (d) above, please describe the contract(s) or change order(s) and name the Office of the Attorney General employees involved:

- f) Has the prospective employer been the subject of any licensing or regulatory decision by the Office of the Attorney General in the past 12 months?

- g) If you answered “yes” to question (f) above, please describe the licensing or regulatory decision and name the Office of the Attorney General employees involved:

CERTIFICATION

I have reviewed the above information and have informed myself with regard to these matters. I certify, to the best of my ability, that the information in Sections II, IV and VII of this form are accurate. If necessary, I have provided information to make the responses more complete.

Signature of Ethics Officer

Full Name (please print or type)

Date